

Active Employees: 2015 – 2016

Cost of City of Atlanta Health Coverage

The charts below show the bi-weekly contribution rates for the various health care plans, effective during the September 1, 2015 - August 31, 2016 coverage period.

Medical Plans

	BlueChoice POS		Kaiser Permanente HMO	
Bi-Weekly Rates	Your Cost	City Cost	Your Cost	City Cost
Employee Only	\$79.48	\$185.45	\$72.88	\$170.06
Employee + Child(ren)	\$139.20	\$324.81	\$127.54	\$297.58
Employee + Spouse/Domestic Partner	\$198.93	\$464.16	\$182.20	\$425.13
Employee + Family	\$262.67	\$612.88	\$240.50	\$561.17

	BCBS High-Deductible		Kaiser HMO High-Deductible	
Bi-Weekly Rates	Your Cost	City Cost	Your Cost	City Cost
Employee Only	\$66.13	\$154.30	\$60.70	\$141.63
Employee + Child(ren)	\$115.82	\$270.25	\$106.22	\$247.83
Employee + Spouse/Domestic Partner	\$165.52	\$386.20	\$151.74	\$354.06
Employee + Family	\$218.54	\$509.94	\$200.30	\$467.36

Dental Plans

	BCBS Dental High Option		BCBS Dental Low Option	
Bi-Weekly Rates	Your Cost	City Cost	Your Cost	City Cost
Employee Only	\$3.62	\$8.46	\$3.37	\$7.87
Employee + Child(ren)	\$7.67	\$17.91	\$6.52	\$15.21
Employee + Spouse/ Domestic Partner	\$7.40	\$17.27	\$6.86	\$16.00
Employee + Family	\$12.14	\$28.33	\$10.36	\$24.16

	Delta Dental DHMO	
Bi-Weekly Rates	Your Cost	City Cost
Employee Only	\$1.35	\$3.16
Employee + Child(ren)	\$2.44	\$5.68
Employee + Spouse/ Domestic Partner	\$2.65	\$6.17
Employee + Family	\$4.07	\$9.50

Vision Plan

UnitedHealthcare Vision		
Bi-Weekly Rates	Your Cost	City Cost
Employee Only	\$1.68	\$0
Employee + Child(ren)	\$3.68	\$0
Employee + Spouse/Domestic Partner	\$3.51	\$0
Employee + Family	\$4.74	\$0

Life Insurance

Minnesota Life Insurance	
Bi-Weekly Rates	Rates per \$1,000 of Coverage
Basic Life – Active Employees	\$0.440
Basic AD&D	\$0.024
Additional Life	\$0.440
Dependent Life (Spouse)*	\$4.000
Dependent Life (Child)*	\$1.190

*\$5,000 maximum coverage

Retirees: 2015–2016

Cost Of City of Atlanta Health Coverage

Retiree rates are calculated accordingly:

- If a retiree was hired prior to April 1, 1986, that retiree should pay the premium that is listed in the 30% column
- Anyone hired on or after April 1, 1986 but retired between September 2009 through August 31, 2010 should pay the premium that is listed in 40% column
- Anyone hired on or after April 1, 1986 but retired September 2010 forward should pay the premium listed in the 50% column

You and the City of Atlanta share the cost of your health insurance coverage. The cost of coverage varies from year to year. Your costs for health coverage for 2014 – 2015, effective September 1, 2014, are shown in the following tables.

Medical Plans

BlueChoice POS						
Monthly Rates – Without Medicare	30%		40%		50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$172.20	\$401.81	\$229.60	\$344.41	\$287.00	\$287.01
Retiree + Child(ren)	\$301.61	\$703.76	\$402.15	\$603.22	\$502.68	\$502.69
Retiree + Spouse/Domestic Partner	\$431.01	\$1,005.69	\$574.68	\$862.02	\$718.35	\$718.35
Retiree + Family	\$569.11	\$1,327.92	\$758.81	\$1,138.22	\$948.51	\$948.52
Beneficiary Child(ren)	\$172.20	\$401.81	\$229.60	\$344.41	\$287.00	\$287.01
Widow(er) Only	\$172.20	\$401.81	\$229.60	\$344.41	\$287.00	\$287.01
Widow(er)/bene child(ren)	\$301.61	\$703.76	\$402.15	\$603.22	\$502.68	\$502.69

United Healthcare Medicare Advantage (with Medicare) ¹						
Monthly Rates ²	30%		40%		50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only - Medicare	\$78.47	\$183.11	\$104.63	\$156.95	\$130.79	\$130.79
Retiree + Child(ren) - Medicare	\$237.81	\$554.90	\$317.08	\$475.63	\$396.35	\$396.36
Retiree + Spouse/Domestic Partner (1 Medicare)	\$237.81	\$554.90	\$317.08	\$475.63	\$396.35	\$396.36
Retiree + Spouse/Domestic Partner (2 Medicare)	\$156.95	\$366.21	\$209.26	\$313.89	\$261.57	\$261.58
Retiree + Family (1 Medicare)	\$357.77	\$834.79	\$477.02	\$715.54	\$596.28	\$596.28
Retiree + Family (2 Medicare)	\$315.99	\$737.32	\$421.32	\$631.99	\$526.65	\$526.66
Widow(er) Only - Medicare	\$78.47	\$183.11	\$104.63	\$156.95	\$130.79	\$130.79
Widow(er)/bene child(ren) - Medicare	\$237.81	\$554.90	\$317.08	\$475.63	\$396.35	\$396.36

¹ Medicare Part A and Part B required.

² Non-Medicare dependents will be enrolled in BlueChoice POS.

Kaiser Permanente HMO (without Medicare)						
Monthly Rates – Without Medicare	30%		40%		50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$157.91	\$368.45	\$210.54	\$315.82	\$263.18	\$263.18
Retiree + Child(ren)	\$276.33	\$644.76	\$368.44	\$552.65	\$460.54	\$460.55
Retiree + Spouse/Domestic Partner	\$394.76	\$921.11	\$526.35	\$789.52	\$657.93	\$657.94
Retiree + Family	\$521.09	\$1,215.87	\$694.78	\$1,042.18	\$868.48	\$868.48
Beneficiary Child(ren)	\$157.91	\$368.45	\$210.54	\$315.82	\$263.18	\$263.18
Widow(er) Only	\$157.91	\$368.45	\$210.54	\$315.82	\$263.18	\$263.18
Widow(er)/bene child(ren)	\$276.33	\$644.76	\$368.44	\$552.65	\$460.54	\$460.55

Kaiser Permanente Senior Advantage (with Medicare) ³						
Monthly Rates	30%		40%		50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only - Medicare	\$67.33	\$157.11	\$89.78	\$134.66	\$112.22	\$112.22
Retiree + Child(ren) - Medicare	\$280.84	\$655.31	\$374.46	\$561.69	\$468.07	\$468.08
Retiree + Spouse/Domestic Partner (1 Medicare)	\$220.53	\$514.57	\$294.04	\$441.06	\$367.55	\$367.55
Retiree + Spouse/Domestic Partner (2 Medicare)	\$134.66	\$314.22	\$179.55	\$269.33	\$224.44	\$224.44
Retiree + Family (1 Medicare)	\$396.70	\$925.61	\$528.92	\$793.38	\$661.15	\$661.16
Retiree + Family (2 Medicare)	\$289.95	\$676.55	\$386.60	\$579.90	\$483.25	\$483.25
Beneficiary Child(ren) - Medicare	\$67.33	\$157.11	\$89.78	\$134.66	\$112.22	\$112.22
Widow(er) Only - Medicare	\$67.33	\$157.11	\$89.78	\$134.66	\$112.22	\$112.22
Widow(er)/bene child(ren) - Medicare	\$280.85	\$655.31	\$374.47	\$561.69	\$468.08	\$468.08

3 Medicare Part A and Part B members must enroll in Kaiser Senior Advantage.

Aetna Medicare Plan POS (Medicare Parts A & B) ⁴						
Monthly Rates	30%		40%		50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$69.78	\$162.81	\$93.04	\$139.55	\$116.29	\$116.30
Retiree +Spouse/ Domestic Partner	\$139.55	\$325.63	\$186.07	\$279.11	\$232.59	\$232.59
Widow(er) Only	\$69.78	\$162.81	\$93.04	\$139.55	\$116.29	\$116.30

4 Medicare Part A and Part B required.

Aetna Medicare Plan POS (Medicare Part B) ⁵						
Monthly Rates	30%		40%		50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$127.47	\$509.87	\$254.94	\$382.40	\$318.67	\$318.67
Retiree +Spouse/ Domestic Partner	\$254.94	\$1,019.74	\$509.87	\$764.81	\$637.34	\$637.34
Widow(er) Only - Medicare	\$127.47	\$509.87	\$254.94	\$382.40	\$318.67	\$318.67

5 Medicare Part B required.

Dental Plans

BCBS Dental – High Option						
Monthly Rates	30%		40%		50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$7.85	\$18.32	\$10.47	\$15.70	\$13.08	\$13.09
Retiree + Child(ren)	\$16.63	\$38.79	\$22.17	\$33.25	\$27.71	\$27.71
Retiree + Spouse	\$16.04	\$37.42	\$21.38	\$32.08	\$26.73	\$26.73
Retiree + Family	\$26.31	\$61.37	\$35.07	\$52.61	\$43.84	\$43.84
Beneficiary Child(ren)	\$16.63	\$38.79	\$22.17	\$33.25	\$27.71	\$27.71
Widow(er) Only	\$7.85	\$18.32	\$10.47	\$15.70	\$13.08	\$13.09
Widow(er)/bene child(ren)	\$16.63	\$38.79	\$22.17	\$33.25	\$27.71	\$27.71

BCBS Dental – Low Option						
Monthly Rates	30%		40%		50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$7.30	\$17.05	\$9.47	\$14.61	\$12.17	\$12.18
Retiree + Child(ren)	\$14.13	\$32.96	\$18.83	\$28.26	\$23.54	\$23.55
Retiree + Spouse	\$14.86	\$34.67	\$19.81	\$29.72	\$24.76	\$24.77
Retiree + Family	\$22.44	\$52.35	\$29.92	\$44.87	\$37.39	\$37.40
Beneficiary Child(ren)	\$14.13	\$32.96	\$18.84	\$28.25	\$23.54	\$23.55
Widow(er) Only	\$7.30	\$17.05	\$9.74	\$14.61	\$12.17	\$12.18
Widow(er)/bene child(ren)	\$14.13	\$32.96	\$18.84	\$28.26	\$23.54	\$23.55

Delta Dental DHMO						
	30%		40%		50%	
Monthly Rates	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$2.93	\$6.85	\$3.91	\$5.87	\$4.89	\$4.89
Retiree + Child(ren)	\$5.28	\$12.32	\$7.04	\$10.56	\$8.80	\$8.80
Retiree + Spouse	\$5.73	\$13.38	\$7.64	\$11.47	\$9.55	\$9.55
Retiree + Family	\$8.82	\$20.59	\$11.76	\$17.65	\$14.70	\$14.71
Beneficiary Child(ren)	\$5.28	\$12.32	\$7.04	\$10.56	\$8.80	\$8.80
Widow(er) Only	\$2.93	\$6.85	\$3.91	\$5.87	\$4.89	\$4.89
Widow(er)/bene child(ren)	\$5.28	\$12.32	\$7.04	\$10.56	\$8.80	\$8.80

Vision Plan

United Healthcare – Vision		
Monthly Rates	Retiree Cost	City Cost
Retiree Only	\$3.69	\$0
Retiree + Child(ren)	\$8.10	\$0
Retiree + Spouse	\$7.72	\$0
Retiree + Family	\$10.43	\$0
Beneficiary Child(ren)	\$4.42	\$0
Widow(er) Only	\$3.69	\$0
Widow(er)/bene child(ren)	\$8.10	\$0

Life Insurance

Minnesota Life Insurance	
Monthly Rates	Retiree Cost
Basic Life – Retirees (\$10,000)	\$9.30
Grandfathered Retiree Life (\$10,000)	\$9.30
Dependent Life (Spouse)*	\$4.00
Dependent Life (Child)*	\$1.19
Surviving Spouse*	\$20.00
Additional Life (Retiree Only)** - \$5,000	Minnesota Life Rate
Additional Life (Retiree Only)** - \$10,000	Minnesota Life Rate

* \$5,000 maximum coverage

** Additional Life Insurance (Retiree Only) - \$20,000 maximum coverage.

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